



Volunteer Form

Name:

Phone:

Okay to text: Y/N

E-mail:

Address:

Church Affiliation: _____

Please check all that interest you		
Legacy of Life Foundation (LOLF)	Community Women's Center (CWC)	STAR House Parenting Program
<input type="checkbox"/> Speaker	<input type="checkbox"/> Hotline Operator	<input type="checkbox"/> Event Assistant
<input type="checkbox"/> Bottle Drive prep		<input type="checkbox"/> Clean/Organize
<input type="checkbox"/> Deliver/pickup Driver		<input type="checkbox"/> Donation Drop off
<input type="checkbox"/> Church volunteer		<input type="checkbox"/> Mommy's Helpers
<input type="checkbox"/> Lite Housekeeping		<input type="checkbox"/> Diaper Packing
		<input type="checkbox"/> Baby Bundles
		<input type="checkbox"/> "Teach" a Skill To Moms

Availability:
